FORM D

MAR 0 8 2004

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



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NOTICE OF SALE OF SECURITIES SEC USE ONLY PURSUANT TO REGULATION D, SECTION 4(6), AND/OR DATE RECEIVED

VINIFORM LIMITED OFFERING EXEMI	PTION
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Wildcat Angel Fund #1, LLC Units of Interest	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	\ □ HLOE
Type of Filing: A New Filing Amendment	PROCESSED
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	MAR 09 2004
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Wildcat Angel Fund #1, LLC	THOMSON FINANCIAL
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
555 East Ave., Chico, CA, 95926	(530) 895-3111
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) same	Telephone Number (Including Area Code)
Brief Description of Business	
venture capital	
Type of Business Organization	
	please specify): limited liability
business trust limited partnership, to be formed	company
Month Year Actual or Estimated Date of Incorporation or Organization: ① 2 ① 4 X Actual Estin Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	mated e:
GENERAL INSTRUCTIONS	
Federal: <i>Who Must File:</i> All issuers making an offering of securities in reliance on an exemption under Regulation D of 1770(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

et da e	A. BASIC	IDENTIFICATION DATA		
2. Enter the information requested fo	or the following:			
 Each promoter of the issuer, 	if the issuer has been organize	ed within the past five years;		
 Each beneficial owner having 	the power to vote or dispose, c	or direct the vote or dispositio	n of, 10% or more o	f a class of equity securities of the issu
Each executive officer and di	irector of corporate issuers and	d of corporate general and m	anaging partners of	partnership issuers; and
Each general and managing p	partner of partnership issuers.			•
Check Box(es) that Apply: Pro	moter Beneficial Owr	er [] Evecutive Officer	Director	EZ General and/or
Check Box(es) that Apply: ☐ Pro Roster, Jerrald		ner Executive Officer	Director	
Full Name (Last name first, if individua	al)			
555 East Avenue	. Chico, CA,	95926		
Business or Residence Address (Num	ber and Street, City, State, Zi	p Code)		
Check Box(es) that Apply: Pro	moter Beneficial Own	ner Executive Officer	Director	General and/or
Chalmers, R. Sco	tt			Managing Partner
Full Name (Last name first, if individua				
20 Williamsburg	Lane, Chico, (CA, 95926		
Business or Residence Address (Num	ber and Street, City, State, Zij	p Code)		
Check Box(es) that Apply: Pror	moter Beneficial Own	ner Executive Officer	Director	General and/or
Zetter. Mark				Managing Partner
<u>Zetter, Mark</u> Full Name (Last name first, if individua	ıl)			
757 Marina View Dr.,	, El Dorado Hills	s, CA, 95762		
Business or Residence Address (Number				
Check Box(es) that Apply: Pror	moter Beneficial Own	er	Director	General and/or Managing Partner
Full Name (Last name first, if individua	ni)			
Business or Residence Address (Numb	ber and Street, City, State, Zip	Code)	-	
		·		
Check Box(es) that Apply: Pron	noter Beneficial Own	er Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individua	d)			
				•
Business or Residence Address (Numb	ber and Street, City, State, Zip	Code)		
	<u> </u>	···		
Check Box(es) that Apply: Pron	noter 🔲 Beneficial Own	er	Director	General and/or Managing Partner
Full Name (Last name first, if individua	l)			
Business or Residence Address (Numb	ber and Street, City, State, Zip	Code)		17, 201, 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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Check Box(es) that Apply: Pron	noter 🔲 Beneficial Own	er Executive Officer	Director	General and/or Managing Partner
ull Name (Last name first, if individua	1)			
			•	•
Business or Residence Address (Numb	per and Street, City, State, Zip	Code)		
(1	Use blank sheet, or copy and u	ise additional conies of this s	heet as necessary)	

					- B. I	NFORMAT	ION ABOU	T OFFERI	NG				Links
1.	Une the	. ioguae gold	l ordonati	ha iaawan i	ntand to so	11 to man a	المحطنة مطا		. 41.: 66	: O		Yes	No
1.	rias tite	issuel sole	i, or does n			n, to non-a Appendix				-	••••••		⊠-
2.	What is	the minim	um investn					-				¢10	,000
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				in oc acce	prod from t	any marri		••••••			Yes	No
3.	Does th	e offering	permit join	t ownershi	p of a sing	le unit?			••••••		•••••	\boxtimes	
4.											irectly, any he offering,		
	If a pers	son to be lis	ted is an ass	sociated pe	rson or age	ent of a brol	ker or deale	r registered	d with the S	SEC and/or	with a state	;	
	or states	s, list the na r or dealer,	me of the b	roker or de	ealer. If mo e informati	ore than five	e (5) persoi broker or	ns to be list dealer only	ted are asso	ciated pers	ons of such	l	
Ful		Last name							· · ·				<u></u>
				lone				*******	-				
Bus	iness or	Residence	Address (N	lumber and	d Street, Ci	ity, State, Z	Zip Code)						
Nar	ne of As	sociated Br	oker or De	aler	· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·			
Stat		nich Person											
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			[55]	111	; (IA)	(01)	<u> </u>		(HA)		171	(** 1)	<u> </u>
Full	Name (Last name t	first, if indi	ividual)									
Bus	iness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Nar	ne of Ass	sociated Br	oker or De	aler									
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)	•••••				*************		□ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full	Name (Last name 1	first, if indi	vidual)									
Rus	iness or	Residence	Address (1	Vumher an	d Street C	ity State 1	Zin Code)	·····	· · · · · · · · · · · · · · · · · · ·	**** *********************************			
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Nan	ne of Ass	sociated Br	oker or De	aler									
Stat	es in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)		***************************************	••••••				☐ All	l States
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	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and			
	Type of Security	Aggregate Offering Price		Amount Already Sold
		_		
	Debt			
	Equity	S		\$
	Common Preferred			
	Convertible Securities (including warrants)			\$
	Partnership Interests			\$
	Other (Specify limited liability co. units of interest			\$ <u>610,000</u>
	Total	610,000	_	\$ <u>610,000</u>
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			.
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors			\$ 610,000
	Non-accredited Investors		_	\$ 0
			_	
	Total (for filings under Rule 504 only)		-	\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505		_	\$
	Regulation A		_	\$
	Rule 504		_	\$
	Total		_	\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees	[\$
	Printing and Engraving Costs	[\$
	Legal Fees		<u> </u>	\$_5,000
	Accounting Fees		₹	\$ <u>1,000</u>
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify) escrow fee		₹]	\$ 1,000
	Total	_	_ _	\$ 7,000

	E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes No provisions of such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
	er has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned norized person.
•	TANGEL FUND#1, LLC grade L. Rota 2-7-04
Name (I	rint or Type) Title (Print or Type)
JER	PRALD L. ROSTER MANAGER

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1	-2		3			4		5		
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)					
State	Yes No				(Part C-Item 1) (Part Number of Accredited Investors Amount		Number of Non-Accredited Investors	Amount	Yes	No
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AK										
AZ										
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APPENDIX

1		2	3			4		5		
	to non-a	to sell accredited as in State a-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
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1	to non-a	2 I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOI (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										